

### COMBINED DECLARATION AND POWER OF ATTORNEY (ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

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This de	eclaration is of th	ne following type:	(check one applicable item below)	COPY
	[ ] original			
	[ ] design	•		
	[ ] supplemen	ntal		
NOTE:			Application being filed as a divisional, con	ntinuation or continuation-in-part
11012.			k appropriate one of last three items.	
	[x] national s			•
NOTE:	If one of the follow	ving 3 items apply then	complete and also attach ADDED PAGES FO	OR DIVISIONAL, CONTINUATION
	OR CIP.			
	[ ] divisional			
	[ ] continuati	ion		
	[ ] continuat	ion-in-part (CIP)		·
		INVENT	ORSHIP IDENTIFICATION	
WARNI			inventors of all the claims an explanation of last claimed invention was made, should b	
My re	sidence, post off	fice address and ci	tizenship are as stated below next	to my name. I believe I am
			one name is listed below) or an orig	
			ubject matter which is claimed and f	
on the	e invention entitl	ed:		
	•	Т	TITLE OF INVENTION	
		Nasal I	Epidermal Lifting Mechanism	
		SPECIF	ICATION IDENTIFICATION	
the s	pecification of w	hich: (complete (a)	, (b) or (c))	
	(a) [ ]	is attached here	to.	
	(b) [x]	was filed on <u>1</u> or [ ] Express W and was amende	7 January 1997 as [ x ] Serial N lail No., as Serial No. not yet know	o. <u>09/180,572</u> /n (if applicable).
NOTE:	Amendments file		ers are deposited with the PTO which conta	ain new matter are not accorded a
NOTE	filing date by be	ing referred to in the	declaration. Accordingly, the amendments	involved are those filed with the
	application papers	s or, in the case of a sup	oplemental declaration, are those amendments	s claiming matter not encompassed

in the original statement of invention or claims. See 37 CFR 1.67.

(c)	[x]	was /*scribed	and	claimed	in	PCT	Inte-national	Application	No.
(0)		PCT/L 7/00868	filed	i on 17	Janua	arv 19	97 📥 dasaı	mended under	PCT
_		1012 1100000				66.0			
•		Art 9 on				(if a			

### ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

#### (also check the following item, if desired)

[ ] In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

#### PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

#### (complete (d) or (e))

- (d) [X] no such applications have been filed.
- (e) [ ] such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN
12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS
APPLICATION AND ANY PRIORITY CLAIMS UNDER
35 U.S.C. S 119

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119	
			[ ] YES NO [	1
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			[ ] YES NO [	1

# ALL FOREIGN A ICATION(S), IF ANY FILED MORE N 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

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NOTE:	If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. S 120.			
	POWER OF ATT	ORNEY		
I herel	by appoint the following attorney(s) and/or agent(sess in the Patent and Trademark Office connected	therewith. (List name and registration number)		
	Daniel D. Ryan (29,243) Joseph A. Kromholz (34,204) John M. Manion (38,957)	Arnold J. Ericsen (16,879) Allan O. Maki (20,623)		
	(check the following iter	n, if applicable)		
	[ ] Attached as part of this declaration and above-named attorney(s) to accept and	power of attorney is the authorization of the follow instructions from my representative(s).		
SEND	CORRESPONDENCE TO:	DIRECT TELEPHONE CALLS TO:		
Post	N KROMHOLZ & MANION, S.C. Office Box 26618 aukee, Wisconsin 53226-0618	Joseph A. Kromholz PHONE CALLS (262) 797 - 6700		
	DECLARAT	ION		
made with	eby declare that all statements made herein of my or on information and belief are believed to be true, the knowledge that willful false statements and sonment, or both, under Section 1001 of Title 18 statements may jeopardize the validity of the app	and further that these statements were made I the like so made are punishable by fine or of the United States Code, and that such willful		
	SIGNATU	RE		
NOTE	E: Carefully indicate the family (or last) name as it shoul	d appear on the filing receipt and all other documents.		
Full	name of sole or first inventor			
Inve	I.  SIVEN NAME)  On the state of the state o	Beaudry FAMILY (OR LAST NAME) Security 45 4		
Resi	dence N9330 County Road H, Elkhart Lake, WI			

Post Office Address P.O. Box 291, Elkhart Lake, WI 53020

## CHECK PROPER BOS FOR ANY OF THE FOLLOWING ADT PAGE(S) WHICH

ĺ	)	Signature for sixth and subsequent joint inventors. Number of pages added
		• • • • • • • • • • • • • • • • • • •
ſ	)	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added
		* * *
1	)	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added
		• • •
[	1	Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.
·		[ ] Number of pages added
		* * * *
1	}	Authorization of attorney(s) to accept and follow instructions from representative
		<b>* * *</b>
		(If no further pages form a part of this declaration then end this declaration with this page and check the following item:)
		[ x ] This declaration ends with this page

#### Docket No. LARATION) CLAIMING SMAL VERIFIED STATEMENT (4 8115-12394A-PC STATUS (37 CFR 1.9(f) A 1.27 (b)) - INDEPENDENT INVE **Issue Date** Filing Date Patent No. Serial No. 01/17/97 09/180,572 Wallace J. Beaudry Applicant/ Patentee: Invention: Nasal Epidermal Lifting Mechanism As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled above and described in: ☐ the specification to be filed herewith. the application identified above. $\boxtimes$ the patent identified above. have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor gunder 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below: ☒ No such person, concern or organization exists. ☐ Each such person, concern or organization is listed below. \*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27) **FULL NAME ADDRESS** Nonprofit Organization Small Business Concern Individual **FULL NAME ADDRESS** Nonprofit Organization Small Business Concern Individual **FULL NAME ADDRESS** Nonprofit Organization Small Business Concern Individual

Individual

FULL NAME ADDRESS

Small Business Concern

Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR Wallace J. Beaudry  SIGNATURE OF INVENTOR Dellace Barroly	DATE:	1-7-00
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